

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561845

FILING DATE

20 JAN 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	5			/		
5	3			/		
6	0			/		
7	0			/		
8	0			/		
9	0			/		
10	0			/		
11	B			/		
12	B			/		
13	B			/		
14	B			/		
15	B			/		
16	B			/		
17	B			/		
18	B			/		
19	B			/		
20	B			/		
21	B			/		
22	B			/		
23	B			/		
24	B			/		
25	B			/		
26	B			/		
27	/		/			
28	/		/			
29	B			/		
30	B			/		
31	B			/		
32	B			/		
33	B			/		
34	B			/		
35	B			/		
36	B			/		
37	/		/			
38	/		/			
39	2			/		
40	0			/		
41	0			/		
42	0			/		
43	0			/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.	4		↓	if	↓	↓
TOTAL DEP.	15	←	48	←	←	←
TOTAL CLAIMS	19		52			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						